

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09/927255

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 28 minus 20 = | 8            |
| INDEPENDENT CLAIMS  | 5 minus 3 =   | 2            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | 2/10/05   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 28                               | Minus | 28                                 | =             |
|             | Independent   | 5                                | Minus | 5                                  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 150.00 | OR | BASIC FEE | 300.00 |
| X\$ 25=   |        | OR | X\$50=    |        |
| X100=     |        | OR | X200=     |        |
| +180=     |        | OR | +360=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE             | ADDI-TIONAL FEE |    | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 25=          |                 | OR | X\$50=           |                 |
| X100=            |                 | OR | X200=            |                 |
| +180=            |                 | OR | +360=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 28                               | Minus | 28                                 | = 6           |
|             | Independent   | 5                                | Minus | 5                                  | = 0           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDI-TIONAL FEE |    | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 25=          |                 | OR | X\$50=           |                 |
| X100=            |                 | OR | X200=            |                 |
| +180=            |                 | OR | +360=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   |                                  | Minus |                                    | =             |
|             | Independent   |                                  | Minus |                                    | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE    | ADDI-TIONAL FEE |    | RATE   | ADDI-TIONAL FEE |
|---------|-----------------|----|--------|-----------------|
| X\$ 25= |                 | OR | X\$50= |                 |
| X100=   |                 | OR | X200=  |                 |
| +180=   |                 | OR | +360=  |                 |